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National Institute on Drug Abuse

Statistical Series

Quarterly Report

January - March 1975

Introduction: Methodology, General Admission and Discharge Activity and Glossary

Series 1, Supplement 2, Number 1

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UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

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INTRODUCTION

The NIDA Statistical Series: Quarterly Report is a series of four statistical reports published by the National Institute on Drug Abuse (NIDA) on a recurring basis. The four sections of the Quarterly Report describe national patterns of drug treatment and abuse, and the characteristics of the client population, for all reporting federally-funded drug treatment programs. The approach of the Quarterly Report is primarily descriptive; however, the data are arranged within a theoretical framework that provides elementary explanations of some of the client aspects of the national problem of drug abuse.

The main elements of the information collected on the drug abuse problem are admission and discharge activity, characteristics of clients, types of drugs used at admission to treatment, and patterns of treatment history and drug usage. The more salient aspects of these relationships are examined, and considered in terms of month of admission and discharge, size of standard metropolitan statistical area (SMSA), and geographic region. The definitions of the above terms are contained in a glossary, which is included in the first number of each series of the Quarterly Report.

The first number, or section, of each four-part series describes the source of the data, details a justification of the analytical approach used, and presents substantive data on general admission and discharge activity for all reporting federally-funded drug abuse treatment units. These data are presented by month, size of SMSA and geographic region.

The second number of each volume deals with the relationships among different characteristics of the client population, and between client characteristics on the one hand and types of drugs used at admission to treatment and patterns of treatment history and drug usage on the other. Client characteristics are also described across the months of the quarter and across SMSA's of different sizes.

In the third number, the type of primary drug used at the time of admission to treatment is related to month of admission to treatment, size of SMSA, geographic region, admission activity, and characteristics of clients.

Number four of each volume examines the associations among patterns of treatment history and drug usage, and between indicators of these variables and indicators of types of admission and discharge, client characteristics, and types of primary drugs used at admission and discharge. Treatment and discharge patterns are also described across months of the quarter.

METHODOLOGY FOR THE REPORT

The data base for the NIDA Statistical Series: Quarterly Report is the Client Oriented Data Acquisition Process (CODAP), which is a national reporting system maintained under the auspices of NIDA's Division of Scientific and Program Information.

The present series addresses the quarter beginning January 1 and ending March 31, 1975, and is based upon two CODAP data files, Cumulative Admissions (CA) and Cumulative Discharges (CD). These files are cumulative in the sense that they contain data, aggregated monthly, on all clients processed into or out of federally-supported drug abuse treatment, i.e., clients for whom admission and discharge forms have been completed, submitted and processed. No attempt has been made to match admission forms with corresponding discharge forms in these two files.

It is a Federal requirement that all federally-funded drug treatment units report each admission to and discharge from their facilities. The CA and CD files reflect these program admission and discharge activities, the characteristics of the clients processed, and the patterns of clients' treatment history and drug usage.

However, there may be some clients unreported in either of these two files, because clinics at which they are being treated fail to submit data altogether. The clinic response rate for the January through March quarter of 1975 was relatively steady: January had a 71 percent reporting rate; the reporting rate in February was 82 percent and in March, 81.5 percent. Also, some client discharges may be unreported in the CD file, because clinics may have ceased operation without submitting the required discharge forms.

The validity of the CODAP data is dependent upon the accuracy of the information provided by clients to their clinics and the diligence of those clinics in providing the data to NIDA.

Unit of Analysis

The general rule is that the basic unit of analysis in this series of quarterly reports is the individual client. For the most part, CODAP data categories are mutually exclusive and exhaustive, but there are some exceptions to this general rule; therefore, it is necessary to review briefly the coding rules.*

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*Client Oriented Data Acquisition Process: National Management Handbook (Rockville, Maryland: National Institute on Drug Abuse, November, 1974), pp. 3:1 - 3:6.

Admission forms are completed on each client admitted to treatment. When a client is a readmission to a drug abuse treatment unit, an admission form is filled out, just as when he/she was a first admission. Both the first admission and readmission forms become a permanent part of the client's record.

When a client is transferred into treatment from another CODAP clinic, only the first nine items, including admission type, modality admitted to, environment admitted to, and legal status, are filled out. The rest of the information, including client characteristics, prior treatment experiences and drug problems, are obtained from the original admission form. The original form is then deleted from the client's record.

Due to the nature of the above coding rules, it is possible for an admission event to go unrecorded or for a client to be counted twice. If a client is recorded as a first admission during a quarter and is transferred during the same quarter, then he/she is considered a transfer for the quarter. The first admission event is deleted from the CA file. The original information pertaining to the client's modality, environment, and legal status is also deleted from the file. If the client's modality, environment, or legal status at the time of transfer differs from those at the time of first admission, the change is not reflected in the file. The original information is lost. Thus, it is not possible to obtain a completely accurate picture of admission activity, modality, environment, and legal status. If, in another instance, a client is recorded as a first admission to a program, is discharged, and subsequently is admitted a second time to the same drug treatment program or another program within the same quarter, he/she is counted twice, i.e., as a first admission and as a readmission.

The effect of transfers on the loss of information is not precisely known. But it should be relatively minor, since transfers account for only 7 percent of admission activities reported during the January-March, 1975, quarter. The possibility of double-counting clients is greater, since readmissions are 21 percent of the total admissions during the quarter. Therefore, with respect to general admission activity data, one should consider the unit of analysis as the event and not as the individual client. Elsewhere, the unit of analysis can be presumed to be the client.

Presentation of the Data

In this and subsequent numbers of this Quarterly Report, data are presented in tables as percentages. At the bottom of each element of the table is located the total percentage, total number of cases, excluded cases, and a statistic of association, Cramer's V. In this series, percentage entries are rounded to the nearest whole number and Cramer's V is rounded to the nearest hundredth.

Cases are excluded from analysis either because the particular analysis or variable does not apply to them, or because data are not recorded for them on one or more of the variables being assessed. An example of a variable that does not apply to a large number of clients is the number of months

since last treatment experience. Approximately 50 percent of the clients are excluded, because they have no prior treatment experience. The total N provided refers only to the cases that have been included in the category of the table being studied.

For the sake of discussion, differences of greater than 20 percentage points between categories have been classified as large; moderate differences are 11 to 20 percentage points; slight differences are 10 or fewer percentage points. For Cramer's V, a value greater than .50 indicates a strong association between the two variables crosstabulated; a value of .30 to .49 specifies a moderate relationship; a value of .20 to .29 shows a slight degree of association. When the value of Cramer's V is less than .20, the variables are considered to be very weakly related.

Since most of the Cramer's V values do not show a very strong relationship between variables, they are not discussed in the text. They have been included to facilitate comparisons between tables and for future comparisons across quarters. Because this statistic of association reflects the table as a whole, it may not give the reader a complete picture of the maximum differences within a table.

GENERAL ADMISSION AND DISCHARGE ACTIVITY

Highlights:

- The majority of admissions during the quarter are first admissions and the largest percentage of discharges are classified as leaving before completing treatment. The majority of clients are admitted to and discharged from the drug-free modality and the outpatient environment.

- There are slight differences among types of admissions and discharges across SMSA's of different sizes.

- As the size of SMSA decreases, the percentage of admissions to and discharges from the drug-free modality increases. The percentage of admissions to the outpatient environment increases slightly as the size of SMSA decreases.

This first substantive section of the Quarterly Report presents data on general admission and discharge activity of clients in federally-funded drug abuse treatment programs by month and quarter, size of SMSA and region. Data are arrayed here and throughout the following numbers of this volume of the NIDA Statistical Series for the quarter starting January 1, 1975, and ending March 31, 1975.

General Admission and Discharge Data

CODAP data on types of admissions and discharges are arrayed for each month during the quarter and for the quarter as a whole in table 1. Admissions are distinguished as first admissions, readmissions, and transfer admissions into the CODAP system.

There are 54,476 admissions recorded for the first quarter of 1975. There are 19,335 admissions reported in January; 16,874 admissions in February; and 18,267 admissions in March. Seventy-two percent of all admissions are first admissions; 21 percent are readmissions; and the remaining 7 percent are classified as transfers. Comparison of admission types across the three months yields minimal variations.

Discharge activity is categorized by five separate conditions: completion of treatment; transfers or referrals to other clinics or programs; program decisions to discharge noncompliant clients before the completion of treatment; clients' failure to continue in treatment; and an Other category, which applies to two special cases of discharge, which include the termination of treatment by incarceration or death. Of the 57,206 discharges, 19,658 occur

in January; 18,751 in February; and 18,797 in March. Clients completing treatment account for 22 percent of the discharge reports, whereas 41 percent of discharges result from clients who choose not to continue and leave before completing treatment. The remaining three categories are as follows: 23 percent are transfers; 9 percent are discharged by programs for noncompliance before completing treatment; and 5 percent appear in the Other category. There is only minimal variation in the percentages of discharge types across the three months.

Data by SMSA Size and Geographic Region

Table 2 displays admission and discharge activity by size of SMSA. Differences among admission types and discharge types are generally slight across the five classes of SMSA size, i.e., 50,000-250,000; 250,000-500,000; 500,000-1 million; 1-3 million; and greater than 3 million in population. The variation in percentages of first admissions across the SMSA classes is between 67 and 77 percent.

A sixth category, Not Included In SMSA, designates clients from towns and rural areas as well as some Veterans Administration and Bureau of Prisons clients, and shows slight to moderate differences from the data in the five size categories of SMSA's. Eighty-three percent of the admissions in this group are first admissions. Thirty percent of the discharges complete treatment, as compared with a range of 19 to 24 percent for the other five groups.

Admission and discharge activity is examined regionally in table 3. The Southern and Northeastern regions report slightly higher percentages of first admissions (75 percent and 76 percent, respectively) than the North Central (69 percent) and Western (68 percent) regions. The percentage of discharges completing treatment is highest in the Western region (27 percent). The lowest percentage of discharges resulting from clients leaving before completing treatment (37 percent) is also reported in the Western region.

Data by Modality and Treatment Environment

Monthly admission activity is shown by modality and environment in table 4. The majority of admissions are to the drug-free modality and to the outpatient environment.

Sixty-three percent of the admissions are to the drug-free modality; 18 percent to the detoxification modality; and 17 percent to the maintenance modality. Comparison of percentages by modality across month fails to reveal any substantial differences.

Examination of admissions activity by treatment environment in table 4 shows that the highest percentage of admissions are assigned to the outpatient environment (65 percent). Fourteen percent of the admissions are assigned to residential environments, and 12 percent are to hospitals. Day-care and prison environments account for 6 percent and 3 percent of admissions, respectively. Admission activity by environment is relatively constant across the months of the first quarter.

Table 5 displays discharge activity by modality and environment. Discharge activity by modality is as follows: 71 percent of discharges are from the drug-free modality; 16 percent from maintenance; and 12 percent from detoxification. Discharge activity by environment is 64 percent, outpatient; 15 percent, residential; 12 percent, hospital; 5 percent, day-care; and 4 percent, prison.

Modality and Environment by SMSA Size

The final two tables, 6 and 7, array admission and discharge activity for modality and environment by size of SMSA. Modality at admission shows several patterns across the SMSA size classes. In table 6, the drug-free modality receives 56 percent of the admissions in SMSA's that are greater than 3 million in population, and 54 percent of the admissions in SMSA's that contain 1-3 million inhabitants. These percentages contrast with 63 percent of admissions in the 500,000-1 million SMSA class, 68 percent in the 250,000-500,000 class, and 78 percent in the 50,000-250,000 class. Thus, as size of SMSA decreases, the percentage of admissions to the drug-free modality increases. Correspondingly, the percentages of detoxification and maintenance admissions tend to decrease moderately as size of SMSA decreases. Twenty-one percent of the admissions in the two largest SMSA classes (greater than 3 million and 1-3 million inhabitants), but 13 percent of the admissions in the smallest SMSA size class (50,000-250,000 inhabitants), are assigned to detoxification. Similarly, the maintenance category contains 22 and 23 percent, respectively, of the admissions in the two largest classes of SMSA's and 8 percent in the smallest class of SMSA's.

As might be expected, modality at discharge shows the same type of pattern in table 7 as modality at admission in table 6.

Environment at admission in table 6 does not vary as much as modality across the different SMSA size classes. Outpatient environment in table 6 accounts for 59 percent of admissions in SMSA's with populations greater than 3 million. The percentage of outpatient admissions increases across SMSA size classes to 69 percent in SMSA's with 50,000-250,000 inhabitants. The percentage of hospital admissions, however, decreases from 13 percent in SMSA's with more than 3 million inhabitants to 4 percent in SMSA's with 50,000-250,000 inhabitants.

An examination of environment at discharge in table 7 does not reveal any salient patterns across the various SMSA classifications.

TABLE 1 -- ADMISSION AND DISCHARGE ACTIVITY BY MONTH AND QUARTER (IN PERCENTAGES)

ACTIVITY	MONTH			QUARTER
	JANUARY	FEBRUARY	MARCH	
TYPE OF ADMISSION				
First Admission	71	73	73	72
Readmission	21	20	21	21
Transfer	8	7	6	7
Total Percentage	100	100	100	100
Total N	19335	16874	18267	54476
Cramer's V = .03				
Excluded Cases = 204				
TYPE OF DISCHARGE				
Completed Treatment	22	22	21	22
Transfer - Referral	23	23	25	23
Program Decision to Discharge	10	10	9	9
Left Before Completing Treatment	40	41	40	41
Other	5	4	5	5
Total Percentage	100	100	100	100
Total N	19658	18751	18797	57206
Cramer's V = .02				
Excluded Cases = 174				

TABLE 2 -- ADMISSION AND DISCHARGE ACTIVITY BY SIZE OF SMSA (IN PERCENTAGES)

ACTIVITY	SIZE OF SMSA					
	Greater than 3,000,000	1,000,000 to 3,000,000	500,000 to 1,000,000	250,000 to 500,000	50,000 to 250,000	Not Included in SMSA
TYPE OF ADMISSION						
First Admission	72	67	71	70	77	83
Readmission	20	24	22	22	18	13
Transfer	8	9	7	8	5	4
Total Percentage	100	100	100	100	100	100
Total N	15850	13518	8140	7179	3735	6054
Cramer's V = .04						
Excluded Cases = 204						
TYPE OF DISCHARGE						
Completed Treatment	21	19	23	22	24	30
Transfer - Referral	24	26	23	22	22	21
Program Decision to Discharge	9	10	9	11	9	10
Left Before Completing Treatment	43	41	39	40	41	36
Other	3	4	6	5	5	3
Total Percentage	100	100	100	100	100	100
Total N	14983	15622	9647	8238	3857	4859
Cramer's V = .04						
Excluded Cases = 174						

TABLE 3 -- ADMISSION AND DISCHARGE ACTIVITY BY REGION (IN PERCENTAGES)

ACTIVITY	REGION			
	NORTHEAST	NORTH CENTRAL	SOUTH	WEST
TYPE OF ADMISSION				
First Admission	76	69	75	68
Readmission	20	23	19	22
Transfer	4	8	6	10
Total Percentage	100	100	100	100
Total N	15170	9645	14060	13198
Cramer's V = .07				
Excluded Cases = 2607				
TYPE OF DISCHARGE				
Completed Treatment	20	22	19	27
Transfer - Referral	23	20	25	24
Program Decision to Discharge	10	11	9	8
Left Before Completing Treatment	43	41	42	37
Other	4	6	5	4
Total Percentage	100	100	100	100
Total N	14553	11605	15374	15270
Cramer's V = .06				
Excluded Cases = 578				

TABLE 4 -- MODALITY AND ENVIRONMENT AT ADMISSION BY MONTH AND QUARTER
(IN PERCENTAGES)

ACTIVITY	MONTH			QUARTER
	JANUARY	FEBRUARY	MARCH	
MODALITY				
Detoxification	19	17	19	18
Maintenance	18	17	16	17
Drug-Free	61	64	63	63
Other	2	2	2	2
Total Percentage	100	100	100	100
Total N	19313	16850	18249	54412
Cramer's V = .02				
Excluded Cases = 268				
ENVIRONMENT ADMITTED TO				
Prison	3	3	3	3
Hospital	12	12	13	12
Residential	14	13	14	14
Day-Care	6	7	6	6
Outpatient	65	65	64	65
Total Percentage	100	100	100	100
Total N	19302	16811	18249	54362
Cramer's V = .02				
Excluded Cases = 318				

TABLE 5 -- MODALITY AND ENVIRONMENT ACTIVITY AT DISCHARGE BY MONTH AND QUARTER (IN PERCENTAGES)

ACTIVITY	MONTH			QUARTER
	JANUARY	FEBRUARY	MARCH	
MODALITY				
Detoxification	12	12	12	12
Maintenance	16	16	16	16
Drug-Free	71	71	71	71
Other	1	1	1	1
Total Percentage	100	100	100	100
Total N	19605	18721	18786	57112
Cramer's V = .01				
Excluded Cases = 268				
ENVIRONMENT DISCHARGED FROM				
Prison	4	4	4	4
Hospital	11	11	14	12
Residential	15	15	15	15
Day-Care	5	4	5	5
Outpatient	65	66	62	64
Total Percentage	100	100	100	100
Total N	19611	18709	18783	57103
Cramer's V = .04				
Excluded Cases = 277				

TABLE 6 -- MODALITY AND ENVIRONMENT AT ADMISSION BY SIZE OF SMSA (IN PERCENTAGES)

MODALITY AND ENVIRONMENT ACTIVITY	SIZE OF SMSA					Not Included in SMSA
	Greater than 3,000,000	1,000,000 to 3,000,000	500,000 to 1,000,000	250,000 to 500,000	50,000 to 250,000	
MODALITY						
Detoxification	21	21	23	15	13	9
Maintenance	22	23	12	14	8	6
Drug-Free	56	54	63	68	78	84
Other	1	2	2	3	1	1
Total Percentage	100	100	100	100	100	100
Total N	15831	13530	8151	7092	3738	6070
Cramer's V = .09						
Excluded Cases = 268						
ENVIRONMENT ADMITTED TO						
Prison	1	2	5	7	5	4
Hospital	13	16	15	10	4	6
Residential	16	14	12	14	16	10
Day-Care	11	3	3	3	6	8
Outpatient	59	65	65	66	69	72
Total Percentage	100	100	100	100	100	100
Total N	15829	13491	8147	7085	3739	6071
Cramer's V = .11						
Excluded Cases = 4829						

TABLE 7 -- MODALITY AND ENVIRONMENT ACTIVITY AT DISCHARGE BY SIZE OF SMSA (IN PERCENTAGES)

MODALITY AND ENVIRONMENT ACTIVITY	SIZE OF SMSA					Not Included in SMSA
	Greater than 3,000,000	1,000,000 to 3,000,000	500,000 to 1,000,000	250,000 to 500,000	50,000 to 250,000	
MODALITY						
Detoxification	12	15	14	7	9	7
Maintenance	20	21	13	13	7	7
Drug-Free	67	63	71	77	84	85
Other	1	1	2	3	0	1
Total Percentage	100	100	100	100	100	100
Total N	14924	15641	9630	8211	3862	4844
Cramer's V = .10						
Excluded Cases = 268						
ENVIRONMENT DISCHARGED FROM						
Prison	1	2	4	7	7	6
Hospital	13	16	13	8	4	6
Residential	17	14	13	15	17	14
Day-Care	7	5	3	3	6	8
Outpatient	62	63	67	67	66	66
Total Percentage	100	100	100	100	100	100
Total N	14945	15618	9633	8201	3863	4843
Cramer's V = .09						
Excluded Cases = 277						

GLOSSARY

Admission Activity describes the process that occurs when a clinic assumes clinical and administrative responsibility for a client's drug treatment and assigns a treatment regimen. See General Admission Activity.

Age-Race-Sex Client Characteristics are inherent characteristics of the client and are not subject to change.

Client is that person who, after an initial screening process, has been admitted to a clinic for drug abuse treatment. The person has been assigned a treatment plan and will receive the clinical and supportive services identified in the regimen. Criteria for the completion of treatment will have been established. When a clinic's Federal contract or grant specifically identifies that Prevention services, in addition to treatment services, are to be provided (i.e., NIDA H-19 Staffing Grants), the person receiving the Prevention services is also considered a Client. When a clinic, with a Treatment Only Federal contract or grant, accepts a person without an existing drug problem and assigns a regimen of services and criteria for completion, the person is considered a Client; however, the reason a non-drug abuser is accepted as a Client should be specified. The guidelines of the Federal Funding Agencies provide that a Client is considered active only if he/she receives treatment services at least once every 30 days. Only active Clients are reported on CODAP. If the Client has not received direct services during the previous 30 days, he/she must be discharged from the CODAP reporting system. Family members, community and youth groups, etc., who receive partial services from the clinic, such as family and preventive counseling, are NOT considered as Clients.

Clinic is a unit which provides drug abuse treatment. Clinical treatment modalities described on CODAP include Detoxification, Maintenance, Drug-free and Other. Clinic environments include Prison, Hospital, Residential, Day-care and Outpatient. A single Clinic may include more than one modality or environment.

CODAP is the Client Oriented Data Acquisition Process, a nationwide reporting system maintained by the National Institute on Drug Abuse. The system accumulates data on clients from all federally-funded drug abuse treatment service units.

Completed Treatment is when the client has successfully finished the prescribed treatment regimen and, except for the possible recommendation of follow-up contact, has not been prescribed any further treatment. A client in this category is no longer supposed to be abusing drugs or alcohol.

Cramer's V is a statistic for measuring the strength of association between two variables when either of the variables has more than two categories. It assumes that the variables are measured at least on the nominal scale. The magnitude of the coefficient ranges from 0 to 1. As the coefficient approaches 1, the association grows stronger. A value of .30 or greater is used to support the contention that the two variables are moderately related.

Day-Care Environment is that in which the client lives outside of the clinic, but participates in a program at the clinic for at least five hours a day and five days per week.

Detoxification is the use of prescribed medication to reduce the effects of an illegal drug on a client. See Maintenance and Drug-free.

Discharge Activity refers to the process which occurs when a clinic terminates clinical and administrative responsibility for a client's drug treatment. See General Discharge Activity.

Drug Abuse is the use of drugs to the extent that they interfere with physical, mental, or social functioning.

Drug-Free is a drug treatment which does not include any chemical agent or medication as a primary part of the treatment process. A client that is undergoing withdrawal without medication is classified in the Drug-Free modality rather than in Detoxification. See Detoxification and Maintenance.

Drug Problem is the abuse of one or more drugs.

Drug Usage deals with activity that bears specifically on a client's drug problem. Drug usage at admission is denoted by the extent and frequency of drug use as well as by the type of drug used. The discharge definition of drug usage is the same, except the data does not allow for a measurement of the frequency of use.

Drug Usage at Discharge refers to the use of any illegal drug or the abuse of alcohol regardless of frequency.

Employment Status indicates whether a client is legally employed at the time of admission. This status includes self-employment. To qualify as being employed, a client must have earnings that are subject to income taxes.

Enrollment in Education Program is attendance, on a full-time or part-time basis, at a school or college from which the client will receive a diploma or degree. Enrollment is recorded at the time of admission to or discharge from the treatment clinic. High school equivalency programs are included in this definition.

Enrollment in Skill Development Program refers to vocational training, e.g., as a secretary, barber, or mechanic. The client is enrolled in such a program either on a full-time or part-time basis and enrollment is recorded at the time of admission to or discharge from the treatment clinic.

Environment is the institutional setting within which the client is treated and includes Prison, Hospital, Residential, Day-care, or Outpatient categories.

First Admissions are clients admitted for the first time to any clinic within a program. This category includes clients who may have undergone treatment in another program.

Full-Time Employment is working 30 or more hours per week for taxable earnings.

General Admission Activity refers to the type of admission. Categories include First Admission, Readmission, or Transfer.

General Discharge Activity refers to the type of discharge. Categories include Completed Treatment, Transfer or Referral, Program Decision to Discharge, Left Before Completing Treatment, and Other, i.e., incarcerated or died.

Highest Level of Education Attained is defined as the last grade of school completed. A high school diploma, or its equivalent, is presumed from the completion of the 12th grade of school.

Hospital Environment is made up of hospital patients who are being treated primarily for drug abuse.

Involuntary Clients include those clients receiving treatment under the jurisdictions of the Narcotic Addict Rehabilitation Act of 1968, Bureau of Prisons, the Treatment Alternatives to Street Crimes Program supported by the Law Enforcement Assistance Administration, the Veterans Administration, or State and local law enforcement agencies or courts.

Left Before Completing Treatment refers to a client who is absent from treatment for longer than one month or fails to meet more stringent program attendance requirements.

Maintenance applies only when the treatment plan assigned to a client exceeds 21 days and only when methadone, l-alpha acetylmethadol, or propoxyphene napsylate is prescribed as a part of that treatment plan. Detoxification from Maintenance or slow methadone withdrawal is considered to be Maintenance. See Detoxification and Drug-free.

Modality is the primary treatment approach or regimen assigned to a client. Modalities are differentiated by the type and extent of drug therapy and services administered to the client. Modalities include Detoxification, Maintenance, Drug-free, and Other.

Number of Months in Treatment refers to the time spent in uninterrupted treatment in one or more clinics within a program. Uninterrupted treatment starts from the date of first admission or readmission to any clinic within the program, continues with all transfers to clinics within the program, and ends with the date of discharge from the reporting program. This period

must include admissions to and transfers from non-CODAP clinics within the program.

Number of Months Since Last Treatment Experience is reported for those clients who have had prior treatment experience. Any portion of a month is counted as a full month.

Other Modality consists of clients who receive medication not used for maintenance or are treated by other methods, such as acupuncture.

Other Reason for Discharge includes clients who are incarcerated before completing treatment or who died while in treatment.

Outpatient Environment.--Like Day-care, an outpatient client resides outside of the clinic, but daily attendance requirements are less frequency and other responsibilities are less regular or supervised than in the Day-care environment.

Part-Time Employment is working less than 30 hours per week for taxable earnings.

Primary Drug Problem is the drug of abuse that is presumed to cause the most physical, mental, or social dysfunction in a client or that is mentioned by a client to be his/her first preference. It is the problem for which the client is admitted to treatment. This definition is not based on frequency of use since, for a variety of reasons, the client may not be using drugs at the time of admission.

Prison Environment refers to drug treatment provided while a client is confined within a Federal, State or other correctional institution.

Program Decision to Discharge applies when a client, prior to completing treatment, is discharged for violation of program rules, such as illegal activity or drug abuse. Such a client is also described as non-compliant.

Readmission pertains to a client who, after having been discharged from a program, is readmitted to any clinic within the same program.

Referral is when a client is sent, without having completed treatment, to another drug treatment program or medical or psychiatric facility.

Region.--The regional concept consists of the four main geographical demarcations of the U.S.--Northeast, North Central, West, and South. The breakdown of the 50 states into regions is as follows:

North Central Region

Illinois
Indiana
Iowa
Kansas
Michigan
Minnesota
Missouri
Nebraska
North Dakota
Ohio
South Dakota
Wisconsin

Northeastern Region

Connecticut
Maine
Massachusetts
New Hampshire
New Jersey
New York
Pennsylvania
Rhode Island
Vermont

Southern Region

Alabama
Arkansas
Delaware
District of Columbia
Florida
Georgia
Kentucky
Louisiana
Maryland
Mississippi
North Carolina
Oklahoma
South Carolina
Tennessee
Texas
Virginia
West Virginia

Western Region

Alaska
Arizona
California
Colorado
Hawaii
Idaho
Montana
Nevada
New Mexico
Oregon
Utah
Washington
Wyoming

Unclassified

Puerto Rico
Territories

Residential Environment includes halfway houses and therapeutic communities where the client resides while undergoing drug treatment.

Secondary Drug Problem is the drug of abuse that causes less physical, mental, or social dysfunction than the primary drug problem but more than other drugs or that is mentioned by a client to be his/her second preference.

Sociological Characteristics of Clients are characteristics which are ascribed to the client by society and which may be affected by the client's drug usage or treatment experience. Categories include Legal, Employment, and Educational Status.

Standard Metropolitan Statistical Area (SMSA) is defined by a central city of at least 50,000 inhabitants or two cities having contiguous boundaries and constituting, for general economic and social purposes, a single community with at least 50,000 inhabitants. The SMSA includes the county in which the central city is located and adjacent counties which are metropolitan in character and socially and economically integrated with the county of the central city. An SMSA may cross state lines.

Tertiary Drug Problem is the drug of abuse that causes less physical, mental, or social dysfunction than a secondary drug problem but more than other drugs or that is mentioned by the client to be his/her third preference.

Transfer (at Admission) refers to two types of admission Transfer activity. Both refer to uninterrupted treatment. One type of Transfer covers a client processed between CODAP reporting clinics within the same program. The other deals with a client who enters a CODAP reporting clinic from a non-CODAP clinic within the same program.

Transfer (at Discharge) applies to a client who is discharged from a clinic, and, without interruption, is assigned to another clinic. Type I Transfer is movement to another CODAP clinic within the same program; Type II is movement to a non-CODAP reporting clinic within the same program.

Treatment Experience is each uninterrupted period of a client's attendance, from admission to discharge, in a drug treatment program.

Treatment History of a client refers to the client's prior treatment experience. Recorded at admission, it includes the number of prior treatment experiences and the number of months since last treatment experience. Recorded at discharge, Treatment History is defined by the type of discharge and the time spent in treatment.

Vocational Improvement is presumed from a client's employment on a full or part-time basis or enrollment in an educational or skill development program.

Voluntary clients are those clients who enter treatment of their own free choice.

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